## **New York State Department Of Health Bureau Of Emergency Medical Services**

## Notice Of Intent To Provide Public Access Defibrillation (PAD)

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Authorization Names & Signatures:					
CEO or Designee (Please Print)  Date	e MD or Hospital	Representat	tive (Please Pri	nt) Date	
Signature	1	Signature			

Complete this form and send it with your completed collaborative agreement to the Regional EMS Council for your area.

DOH - 4135 (12/02)